

ELKTON AREA COMMUNITY CENTER
DEPARTMENT OF PARKS AND RECREATION
GYMNASTICS REGISTRATION AND PERMISSION FORM

NAME _____ DATE OF BIRTH _____ AGE _____
ADDRESS _____ TOWN _____ VA _____
E-MAIL _____ HOME PHONE _____
MOTHER _____ CELL _____ WORK _____
PHONE _____ PHONE _____
FATHER _____ CELL _____ WORK _____
PHONE _____ PHONE _____
SCHOOL _____ GRADE _____ TEE SHIRT _____

RELEASE FORM AND AGREEMENT STATEMENT

I am fully aware of and appreciate the risk associated with the sport of Gymnastics, Cheerleading Tumbling and Wrestling. I understand any activity involving height or motion can create the possibility of injury, paralysis or even death as a result of landing on the head or neck.

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the Elkton Area Community Center, Elkton Community Parks and Recreation Commission, The Town of Elkton, or any organization in whose buildings and grounds this activity is being held, and instructors, volunteers or persons of these departments for injuries received in participating in any activity sponsored by the Town of Elkton Parks and Recreation Department and the Elkton Area Community Center in connection with this activity.

I have filled out the above registration form. I have read the above acknowledgement and release. I understand all of the above terms and agree to be bound by them.

Signature _____ Date _____

Print _____ Date _____

OFFICE USE ONLY

Card Number _____ Day of Class _____

Comments: _____
